ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18

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Title of Invention

METHOD FOR REGISTERING A BIOMETRIC FOR USE WITH A SMARTCARD

Application Number:

10710332

Confirmation Number:

First Named Applicant:

David Bonalle

Attorney Docket Number:

70655.3000

Art Unit:

2876

Examiner:

Walsh

Search string:

(5835894 or 6012039 or 6012636 or 6269348 or 6483929 or 6519565 or 6662166

or 6669086 or 6681328 or 20020111917 or 20020154795 or 20020174067 or

20030167207 or 20040020982).pn

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
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US Published Applications

Note: Applicant is not required to submit a paper copy of cited US Published Applications

	init	Cite.No.	Pub. No.	Date	Applicant	Kind	Class	Subclass
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PTO/SB/08B (08-03)
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Complete if Known Substitute for form 1449B/PTO **Application Number** 10/710,332 INFORMATION DISCLOSURE Filing Date July 1, 2004 STATEMENT BY APPLICANT **First Named Inventor** David S. Bonalle **Art Unit** TBA (use as many sheets as necessary) **Examiner Name** of Sheet **Attorney Docket Number** 70655.3000

Examiner Initials*	Cite No.1	OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Τ2
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		_		Application Number	10/710,332		
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Sheet	2	of	3	Attorney Docket Number	70655.3000		

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Examiner Cite No.		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.					
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Substitute for form 1449B/PTO		Co	Complete if Known			
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	(use as many s	heets as necessary)	Examiner Name	TBA Walsh		
Sheet	7	of 3	Attorney Docket Number	70655.3000		

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